## PUBLIC EMPLOYMENT RELATIONS COMMISSION

Street: 112 Henry Street NE, Suite 300, Olympia, WA 98506 Mail: PO Box 40919, Olympia, WA 98504-0919

Phone: (360) 570-7300 Fax: (360) 570-7334 E-mail: filing@perc.wa.gov

## PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION

☐ Amended Petition in Case Instructions: www.perc.wa.gov/Forms/E-1-inst.pdf Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC. DO NOT WRITE IN THIS SPACE

2009 JUN -3 AM 10: 57

EMPLOYER C.T.Y. of Tacoma ADRESS 147 Market St  CITY, STATE, ZIP Tacoma WA 98402 TELEPHONE (253) 591-5130 ext.  FAX E-MAIL  PETITIONER WSCCCE / AFSC ME Local 120 CONTACT PERSON ADDRESS 740-5400 ext.  FAX E-MAIL  PETITIONER WSCCCE / AFSC ME Local 120 CONTACT PERSON ADDRESS 740-5400 ext.  FAX E-MAIL  PETITIONER WSCCCE / AFSC ME Local 120 CONTACT PERSON ADDRESS 740-5400 ext.  FAX E-MAIL  PETITIONER WSCCCE / AFSC ME Local 120 CONTACT PERSON ADDRESS 740-5400 ext.  FAX E-MAIL  PETITIONER WSCCCE / AFSC ME Local 120 CONTACT PERSON ADDRESS 740-5400 ext.  FAX E-MAIL  FAX E-MAIL  FAX E-MAIL  CONTACT PERSON ADDRESS 740-5400 ext.  FAX E-MAIL  FAX E-MAIL  CONTACT PERSON ADDRESS 740-5400 ext.  FAX E-MAIL  CONTACT PERSON ADDRESS 740-4400 ext.  FAX E-MAIL  CONTACT PERSON ADDRESS 740-5400 ext.  FAX E-MA	1. PARTIES The petitioner claims that a quesstion concerning re	epresentation exists involving certain employees of the employer named below.  ATTORNEY OR
CONTACT PERSON 2. 2. ADDRESS 1. T. Comma WA 98402  CITY, STATE, ZIP Tacoma WA 98402  TELEPHONE (253) 591-5130 ext.  FAX  EMAIL  PETITIONER WSCCCE/AFSCME Local 120 CONTACT PERSON Brock Logan, Staff Representative ADDRESS 2102 Carriage Dr SW Bldg G  CITY, STATE, ZIP Clympia WA 98502  TELEPHONE (36) 438-7444 ext. 23  E-MAIL brockle council2.com  INCUMBENT BARGAINING REPRESENTATIVE Indicate one.  ORGANIZATION  CONTACT PERSON  ADDRESS 2017, STATE, ZIP Clympia WA 98502  TELEPHONE (36) 438-7445 ext. 23  E-MAIL brockle council2.com  The parties are not currently represented by the organization below: ATTORNEY OR REPRESENTATIVE  ADDRESS 2017, STATE, ZIP CLYCLET WA 08204-07150  TELEPHONE (125) 303-8916  E-MAIL  STHE parties are not currently represented by the organization below: ATTORNEY OR REPRESENTATIVE  ADDRESS 2017, STATE, ZIP CLYCLET WA 08204-07150  TELEPHONE (125) 303-8916  E-MAIL brockle council2.com  STHE parties are not currently represented by the organization below: ATTORNEY OR REPRESENTATIVE  ADDRESS 2017, STATE, ZIP CLYCLET WA 08204-07150  TELEPHONE (125) 303-8916  E-MAIL brockle council2.com  STHE parties are not currently represented by the organization below: ATTORNEY OR REPRESENTATIVE  ADDRESS 2017, STATE, ZIP CLYCLET WA 08204-07150  TELEPHONE (125) 303-8916  E-MAIL  STHE parties are not currently represented by the organization below: ATTORNEY OR REPRESENTATIVE  ADDRESS 2017, STATE, ZIP CLYCLET WA 08204-07150  TELEPHONE (125) 303-8916  E-MAIL  STATE THE PARTIES APPLIED OF THE COMMENT OF	EMPLOYER City of Tacoma	REPRESENTATIVE Jay St Garagin He Director
ADDRESS 747 Market St Rm 1326  CITY, STATE, ZIP Tacoma WA 98402  TELEPHONE [253] 591-5130 ext.  FAX  E-MAIL  PETITIONER WSCCE AFSCME Local 120  CONTACT PERSON Brock Logan, Staff Representative ADDRESS 2102 Carriage by SW Bildy C  CITY, STATE, ZIP Olympia WA 98502  TELEPHONE (36) 438-7444 ext. 23  FAX (360) 438-7444 ext. 23  FAX (360) 438-7443  FAX (360) 438-7445  FAX (360) 438-7445  FAX (360) 438-7446  FAX (175) 303-8812	CONTACT PERSON Eric Anderson, City Mana	ager ADDRESS City of Tocoma HP Doot
CITY. STATE. ZIP TELEPHONE (253) 591 - S130 ext.  FAX E-MAIL  PETITIONER MSCCCE/AFSCME Local 120 CONTACT PERSON Brack Logan, Staff Representative ADDRESS CITY, STATE, ZIP TELEPHONE (175) 130 - 8xt.  CITY, STATE, ZIP TELEPHONE  CITY, ST	ADDRESS 747 Market St	
TELEPHONE (253) 591 - 5130 ext.  FAX E-MAIL  PETITIONER  SCCCE/AFSCME Local 120 CONTACT PERSON  Brock Logan, Staff Representative ADDRESS 2102 Carriage Dr SW Ridg C  CITY, STATE, ZIP TELEPHONE (120) 138 - 7453 E-MAIL  INCUMBENT BARGAINING REPRESENTATIVE Indicate one.  ORGANIZATION  CONTACT PERSON  ADDRESS  CITY, STATE, ZIP TELEPHONE (20) 138 - 7453 E-MAIL  OCONTACT PERSON  ADDRESS  CITY, STATE, ZIP TELEPHONE (20) 138 - 7453 E-MAIL  OCONTACT PERSON  ADDRESS  CITY, STATE, ZIP TELEPHONE  CONTACT PERSON  ADDRESS  CITY, STATE, ZIP TELEPHONE  CONTACT PERSON  ADDRESS  CITY, STATE, ZIP TELEPHONE  CONTACT PERSON  ADDRESS  CITY, STATE, ZIP TELEPHONE  E-MAIL  CONTACT PERSON  ADDRESS  CITY, STATE, ZIP TELEPHONE  E-MAIL  CITY, STATE, ZIP TELEPHONE  E-MAIL  CITY, STATE, ZIP TELEPHONE  PAX  E-MAIL  E-MAIL  CHANGE OF REPRESENTATIVE the employees in the bargaining unit.  CHANGE OF REPRESENTATIVE the employees in the bargaining unit.  CHANGE OF REPRESENTATIVE the employees in the bargaining unit.  CHANGE OF REPRESENTATIVE the employees in the bargaining unit.  CHANGE OF REPRESENTATIVE the employees in the bargaining unit.  CHANGE OF REPRESENTATIVE three employees in the bargaining unit.  CHANGE OF REPRESENTATIVE three employees organization.  DECENTIFICATION The employees organization.  EMPLOYERS PRINCIPAL BUSINESS  DEPARTMENT OR DIVISION INVOLVED  CITY, STATE, ZIP TELEPHONE  ext.  FAX  CITY, STATE, ZIP TELEPHONE  ADDRESS  CITY, STATE, ZIP TELEPHONE  E-MAIL  CITY, STATE, ZIP TELEPHONE  ADDRESS  CITY, STATE, ZIP TELEPHONE		
TELEPHONE (253) 591-5400 ext.  FAX FAX FAMIL  PETITIONER WSCCCE/AFSCME Local 120 CONTACT PERSON Brock Logan, Staff Representative ADDRESS 2102 Carriage Dr SW Ridg G  CITY, STATE, ZIP TELEPHONE (36) 433-71419 ext. 23 FAX (360) 438-7453 FAX (3	CITY, STATE, ZIP Tacoma WA 98402	CITY, STATE, ZIP TACOMA WA 98402
PETITIONER  ADDRESS  CITY, STATE, ZIP  TELEPHONE  PETITIONER  PETITIONER  PETITIONER  PETITIONER  ADBRESS  PETITIONER  PETITIONER  ADBRESS  PETITIONER  PETITIONER  PETITIONER  PETITIONER  ADBRESS  PETITIONER  PETITIONER  PETITIONER  ADBRESS  PETITIONER  PETITIONER  ADBRESS  PETITIONER  ADARESS  PETITIONER  PETITIONER  ADBRESS  PETITIONER  ADBRESS  PETITIONER  ADDRESS  PETITIONER  ADBRESS  PETITIONER  ADBRESS  PETITION  PETITIONER  ADBRESS  PETITION  PETITION	TELEPHONE (253) 591 - 5130 ext.	
PETITIONER WSCCE AFSCME Local 120 PROBLEM Brock Logan, Staff Representative ADDRESS CONTACT PERSON Brock Logan, Staff Representative ADDRESS CITY, STATE, ZIP TELEPHONE (200) 438-7449 ext. 23 FAX (360) 438-7453 FAX (360) 43		
PETITIONER WSCCCE AFSCME Local 120 CONTACT PERSON Brack Logan, Staff Representative ADDRESS 7102 Carciage Dr SW Bidg C  CITY, STATE, ZIP Olympia WA 98502 TELEPHONE (36) 438-7453 E-MAIL brackle council 2-com  INCUMBENT BARGAINING REPRESENTATIVE Indicate one.  ORGANIZATION CONTACT PERSON ADDRESS  CITY, STATE, ZIP CHARCH COUNCIL 2-com  The employees involved are currently represented for bargaining. OR  The employees involved are currently represented by the organization below.  ATTORNEY OR  REPRESENTATIVE EMAIL  CONTACT PERSON ADDRESS  CITY, STATE, ZIP TELEPHONE FAX E-MAIL  2. DESIGNATION OF REQUEST Indicate one.  PRECOGNITION REQUEST Indicate one.  PRECOGNITION The employees in the bargaining unit.  CHANGE OF REPRESENTATIVE The employees in the bargaining unit desire to designate the petitioner as their exclusive representative of the bargaining unit.  CHANGE OF REPRESENTATIVE The provise in the bargaining unit desire to designate the petitioner as their exclusive representative.  DECERTIFICATION The employees in the bargaining unit not be representative.  DECERTIFICATION The employees in the bargaining and requests a determination by the Commission.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employees have been presented by any employee organization by the Commission.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employees in the bargaining agring agri	E-MAIL	E-MAIL istgermain & ci, tacoma. Wa. us
CONTACT PERSON Brack Logan, Staff Representative ADDRESS VISCE POBox 750  CITY, STATE, ZIP Olympia WA 98502 TELEPHONE (425) 303-8918 ext.  FAX (360) 438-7449 ext. 23 FAX (425) 303-8906 E-MAIL brackle council2.com  The parties are not currently represented for bargaining; OR  The employees involved are currently represented by the organization below.  ATTORNEY OR  ADDRESS  CITY, STATE, ZIP TELEPHONE ext. TELEPHONE ext. FAX E-MAIL  CHANGE OF REPRESENTATIVE The employees in the bargaining unit. CHANGE OF REPRESENTATIVE The employees in the bargaining unit. CHANGE OF REPRESENTATIVE The employees in the bargaining unit. CHANGE OF REPRESENTATIVE The employees in the bargaining unit. CHANGE OF REPRESENTATIVE The employees in the bargaining unit. CHANGE OF REPRESENTATIVE The employees in the bargaining unit. CHANGE OF REPRESENTATIVE The employees in the bargaining agreements and contract OR  DECERTIFICATION The employees organization.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employees has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employees as a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the Incumbent bargaining representation is a total to this petition.  Additional information is set forth on separate sheets of paper attached to this petition.  Additional information is set forth on separate sheets of paper attached to this petition.	PETITIONER WSCCCE/AFSCME Loca	ATTORNEY OR  1.20 REPRESENTATIVE ANALYSIDE CONTROL
CITY, STATE, ZIP  TELEPHONE  (36) 438 - 7453  FAX  (360) 438 - 7453  FAX  (360) 438 - 7453  FAX  (320) 438 - 7453  FAX  (320) 438 - 7453  FAX  (425) 303 - 8966  E-MAIL  INCUMBENT BARGAINING REPRESENTATIVE Indicate one.  ORGANIZATION  CONTACT PERSON  ADDRESS  CITY, STATE, ZIP  TELEPHONE  CITY, STATE, ZIP  CITY, STATE, ZIP  TELEPHONE  FAX  FAX  FAX  FAX  FAX  FAX  FAX  FA	CONTACT PERSON Brock Logan, Staff Repres	centative ADDRESS WSCCCE
TELEPHONE (3(0) 438 - 7443 ext. 23 TELEPHONE (425) 303-806 Ext. (425)	ADDRESS 2102 Carriage Dr SW 5	Bldg G P 0 Box 750
TELEPHONE (3(0) 438 - 7443 ext. 23 TELEPHONE (425) 303-806 Ext. (425)	CITY, STATE, ZIP Olympia WA 98502	CITY, STATE, ZIP Everett WA 98206-0750
FAX GLO 438 - 7453 E-MAIL  INCUMBENT BARGAINING REPRESENTATIVE Indicate one.  ORGANIZATION  ORGANIZA		TELEPHONE (425) 303 - 8818 ext.
E-MAIL brockle councit2.com  INCUMBENT BARGAINING REPRESENTATIVE Indicate one.  ORGANIZATION  CONTACT PERSON  ADDRESS  CITY, STATE, ZIP  TELEPHONE  FAX  E-MAIL  2. DESIGNATION OF REQUEST Indicate one.  REPCONITION REQUEST Indicate one.  ARECONITION REQUEST the petitioner requests certification as exclusive representative of the bargaining unit.  CHANGE OF REPRESENTATIVE The employees in the Obargaining unit desire to designate the petitioner as their exclusive bargaining representative.  DECERTIFICATION The employees in the bargaining unit no longer wish to be represented by any employee organization.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good failth belief (per attached documentation) that a majority of employees no longer desire to representative.  ACONTACT PERSENTATIVE  CITY, STATE, ZIP  CITY, STATE, ZIP  FAX  E-MAIL  EMPLOYER'S PRINCIPAL BUSINESS  DEPARTMENT OR DIVISION INVOLVED  CITY Government  CITY, STATE, ZIP  EMPLOYER'S PRINCIPAL BUSINESS  DEPARTMENT OR DIVISION INVOLVED  CITY GOVERNMENT  CITY, STATE, ZIP  EMPLOYER'S PRINCIPAL BUSINESS  DEPARTMENT OR DIVISION INVOLVED  CITY Government  CITY, STATE, ZIP  EMPLOYER'S PRINCIPAL BUSINESS  DEPARTMENT OR DIVISION INVOLVED  CITY Government  CITY, STATE, ZIP  EMPLOYER'S PRINCIPAL BUSINESS  DEPARTMENT OR DIVISION INVOLVED  CITY GOVERNMENT  CITY, STATE, ZIP  EMPLOYER'S PRINCIPAL BUSINESS  DEPARTMENT OR DIVISION INVOLVED  CITY GOVERNMENT  CITY, STATE, ZIP  EMPLOYER'S PRINCIPAL BUSINESS  DEPARTMENT OR DIVISION INVOLVED  CITY GOVERNMENT  CITY, STATE, ZIP  EMPLOYER'S PRINCIPAL BUSINESS  DEPARTMENT OR DIVISION INVOLVED  CITY GOVERNMENT  CITY, STATE, ZIP  EMPLOYER'S PRINCIPAL BUSINESS  DEPARTMENT OR DIVISION INVOLVED  CITY GOVERNENT  CITY GOVERNS  ACCOUNTING TO COUNTY OR CALL THE ACCOUNTY OF		
The parties are not currently represented for bargaining; OR The employees involved are currently represented by the organization below:  ATTORNEY OR ADDRESS  ADDRESS  ADDRESS  CITY, STATE, ZIP  TELEPHONE  FAX  E-MAIL  2. DESIGNATION OF REQUEST Indicate one.  AECOGNITION REQUEST Indicate one.  AECOGNITION REQUEST The employees in the bargaining unit no longer wish to be representative.  CHANGE OF REPRESENTATIVE The employees in the bargaining unit no longer wish to be represented by any employee organization.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.  4. OTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.		
ORGANIZATION  ORGANIZATION  CONTACT PERSON  ADDRESS  ADDRESS  CITY, STATE, ZIP  TELEPHONE  FAX  E-MAIL  CHANGE OF REPRESENTATIVE The employees in the bargaining unit.  CHANGE OF REPRESENTATIVE The employees in the bargaining unit.  CHANGE OF REPRESENTATIVE The employees in the bargaining unit.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documentation) that a majority of employees no longer desire to representative.  4. OTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.  The employer sinvolved are currently represented by the organization below:  ATTORNEY OR REPRESENTATIVE  ADDRESS  ADDRESO  ADDRESS  ADDRESE		The parties are not currently represented for heavening at OD
ATTORNEY OR REPRESENTATIVE  CONTACT PERSON  ADDRESS  CITY, STATE, ZIP  TELEPHONE  FAX  E-MAIL  2. DESIGNATION OF REQUEST Indicate one.  RECOGNITION REQUEST The petitioner requests certification as exclusive representative of the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.  CHANGE OF REPRESENTATIVE The employees in the bargaining unit no longer wish to be represented by any employee organization.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employers has a good faith belief (per attached documentation) that a majority of employees no longer desire to representative.  4. OTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.		The employees involved are currently represented by the employees involved are currently represented by the experimentary below.
ADDRESS  CITY, STATE, ZIP  TELEPHONE  FAX  E-MAIL  2. DESIGNATION OF REQUEST Indicate one.  RECOGNITION REQUEST The petitioner requests certification as exclusive representative of the bargaining unit.  CHANGE OF REPRESENTATIVE The employees in the bargaining unit.  CHANGE OF REPRESENTATIVE The employees in the bargaining unit no longer wish to be representative.  DECERTIFICATION The employees in the bargaining unit no longer wish to be represented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employee has a good failth belief (per attached documentation) by the commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good failth belief (per attached documentation) by the commission.  Additional information is set forth on separate sheets of paper attached to this petition.  Additional information is set forth on separate sheets of paper attached to this petition.		ATTORNEY OR
ADDRESS  CITY, STATE, ZIP  TELEPHONE  FAX  E-MAIL  2. DESIGNATION OF REQUEST Indicate one.  RECOGNITION REQUEST The petitioner requests certification as exclusive representative of the bargaining unit.  CHANGE OF REPRESENTATIVE The employees in the bargaining unit no longer wish to be represented by any employee or granization.  DECERTIFICATION The employees in the bargaining unit no longer wish to be represented by any employee or granization.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employees has a good faith belief (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.  Additional information is set forth on separate sheets of paper attached to this petition.		REPRESENTATIVE
CITY, STATE, ZIP  TELEPHONE  FAX  E-MAIL  2. DESIGNATION OF REQUEST Indicate one.  RECOGNITION REQUEST The petitioner requests certification as exclusive representative of the barganing unit.  CHANGE OF REPRESENTATIVE The employees in the barganing unit combarganing unit desire to designate the petitioner as their exclusive bargaining representative.  DECERTIFICATION The employees in the bargaining unit no longer wish to be represented by any employee organization.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.  All employees in the classification of Broadband Services Technicians in the City of Tacoma, except supervisory and confidential employees.  Additional information is set forth on separate sheets of paper attached to this petition.	CONTACT PERSON	1000000
TELEPHONE	ADDRESS	
TELEPHONE		
TELEPHONE	CITY, STATE, ZIP	CITY, STATE, ZIP
E-MAIL  2. DESIGNATION OF REQUEST Indicate one.  RECOGNITION REQUEST The petitioner requests certification as exclusive representative of the bargaining unit.  CHANGE OF REPRESENTATIVE The employees in the bargaining unit does in the designate the petitioner as their exclusive bargaining representative.  DECERTIFICATION The employees in the bargaining unit no longer wish to be represented by any employee organization.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.  Additional information is set forth on separate sheets of paper attached to this petition.	TELEPHONE ext.	TELEPHONE ext.
2. DESIGNATION OF REQUEST Indicate one.  RECOGNITION REQUEST The petitioner requests certification as exclusive representative of the bargaining unit.  CHANGE OF REPRESENTATIVE The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.  DECERTIFICATION The employees in the bargaining unit no longer wish to be represented by any employee organization.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.  Additional information is set forth on separate sheets of paper attached to this petition.  BARGAINING UNIT  EMPLOYER'S PRINCIPAL BUSINESS  DEPARTMENT OR DIVISION INVOLVED  C.I.Y. Government  Collective BARGAINING AGREEMENT Indicate one.  NUMBER OF  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employees in the bargaining agreement is attached.  DESCRIPTION Indicate inclusions, exclusions, contract page or case/decision number.  All employees in the classification of  Broadband Services Technicians  in the City of Tacoma, except supervisory  and confidential employees.	FAX	FAX
2. DESIGNATION OF REQUEST Indicate one.  RECOGNITION REQUEST The petitioner requests certification as exclusive representative of the barganing unit.  CHANGE OF REPRESENTATIVE The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.  DECERTIFICATION The employees in the bargaining unit no longer wish to be represented by any employee organization.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representative.  A COTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.  AS BARGAINING UNIT  EMPLOYER'S PRINCIPAL BUSINESS  DEPARTMENT OR DIVISION INVOLVED  CITY Government  COILECTIVE BARGAINING AGREEMENT Indicate one.  A copy of the parties' current (or most recent) collective bargaining agreement is attached.  DESCRIPTION Indicate inclusions, exclusions, contract page or case/decision number.  All employees in the classification of Broadband Services Technicians  in the City of Tacowa, except supervisory  and confidential employees.	E-MAIL	
RECOGNITION REQUEST The petitioner requests certification as exclusive representative of the barganing unit.  CHANGE OF REPRESENTATIVE The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.  DECERTIFICATION The employees in the bargaining unit no longer wish to be represented by any employee organization.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employers as a good faith belief (per attached documentation) that a majority of employees no longer desire to representative.  4. OTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.	2. DESIGNATION OF REQUEST Indicate one.	
CHANGE OF REPRESENTATIVE The employees in the bargaining unit.  CHANGE OF REPRESENTATIVE The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.  DECERTIFICATION The employees in the bargaining unit no longer wish to be represented by any employee organization.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representative.  4. OTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.	RECOGNITION REQUEST The petitioner requests certification	1
DECERTIFICATION The employees in the bargaining unit no longer wish to be represented by any employee organization.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representative.  A COTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.  COLLECTIVE BARGAINING AGREEMENT Indicate one.  The parties have never had a contract; OR  NUMBER OF EMPLOYEES IN UNIT 9  EMPLOYER PETITION Indicate inclusions, exclusions, contract page or case/decision number.  All employees in the classification of Broadband Services Technicians  In the City of Tacoma, except supervisory  and confidential employees.		
EMPLOYER PETITION - DEMAND FOR RECOgnition The employee or more demands for recognition by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representative.  A copy of the parties' current (or most recent) collective bargaining agreement is attached.  DESCRIPTION Indicate inclusions, exclusions, contract page or case/decision number.  All employees in the classification of Broadband Services Technicians  in the City of Tacoma, except super visory and confidential employees.  Additional information is set forth on separate sheets of paper attached to this petition.		COLLECTIVE BARGAINING AGREEMENT Indicate one
DECERTIFICATION The employees in the bargaining unit no longer wish to be represented by any employee organization.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.  Additional information is set forth on separate sheets of paper attached to this petition.  A copy of the parties' current (or most recent) collective bargaining agreement is attached.  DESCRIPTION Indicate inclusions, exclusions, contract page or case/decision number.  All employees in the classification of Broadband Services Technicians in the City of Tacoma, except supervisory and confidential employees.		The parties have power had a contract, OD
bargaining agreement is attached.  EMPLOYER PETITION - DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.  4. OTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.  Bargaining agreement is attached.  DESCRIPTION Indicate inclusions, exclusions, contract page or case/decision number.  All employees in the classification of Broadband Services Technicians  in the City of Tacoma, except supervisory and confidential employees.		Nomber of
employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.  4. OTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.  Additional information is set forth on separate sheets of paper attached to this petition.	longer wish to be represented by any employee organization.	bargaining agreement is attached.
recognition (per attached documentation) and requests a determination by the Commission.  EMPLOYER PETITION - INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.  4. OTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.	EMPLOYER PETITION - DEMAND FOR RECOGNITION The	DESCRIPTION Indicate inclusions, exclusions, contract page or case/decision number.
EMPLOYER PETITION - INCUMBENCY QUESTIONED The  employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.  4. OTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.  Broadband Services Technicians in the City of Tacoma, except supervisory and confidential employees.		All a strong & the strong to the strong
EMPLOYER PETITION - INCUMBENCY QUESTIONED The  employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.  4. OTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.  Broadband Services Technicians in the City of Tacoma, except supervisory and confldential employees.		All employees in the classification of
employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.  4. OTHER RELEVANT FACTS Indicate one. Additional information is set forth on separate sheets of paper attached to this petition.		Broadband Services Technicians
the incumbent bargaining representative.  4. OTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.		in the City of Tecology average as
4. OTHER RELEVANT FACTS Indicate one.  Additional information is set forth on separate sheets of paper attached to this petition.  And confidential employees.	that a majority of employees no longer desire to representation by	In the city of theory, except supervisory
Additional information is set forth on separate sheets of paper attached to this petition.		a la
attached to this petition.		una contraentia employees.
	l I	

PRINT NAME Brock A. 1

SIGNATURE

A petition filed by an organization or employees must be accompanied by a

of the employees in the bargaining unit.

showing of interest indicating that the petitioner has the support of 30% or more

## **DECLARATION OF MAILING**

I, Brock A. Logan, Staff Representative, do hereby declare and certify under penalty of perjury under the laws of the State of Washington that I mailed postage prepaid regular mail the original Petition for Investigation of Question Concerning Representation, together with the required showing of interest, attached hereto to the Public Employment Relations Commission at P.O. Box 40919 Olympia, WA 98504-0919 on June 2, 2009 and mailed postage prepaid a copy of the above referenced Petition, to the following on June 2, 2009.

Names of persons copied:

Eric Anderson, City Manager City of Tacoma 747 Market St Tacoma, WA 98402

Joy St. Germain, HR Director City of Tacoma, HR Dept. 747 Market St Rm 1336 Tacoma, WA 98402

Audrey Eide, General Counsel WSCCCE, Council 2 P.O. Box 750 Everett, WA 98206-0750

Bill Keenan, Organizing Director WSCCCE Council 2 P.O. Box 750 Everett, WA 98206-0750

Dated this 2nd day of June, 2009, at Olympia, Thurston County, Washington.

Signed:

Brock A. Logan, Staff Representative